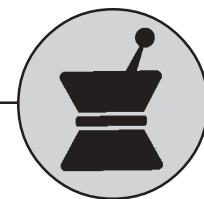


# PRESCRIPTION DRUG PLAN - 2006



Administered by PharmaCare • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible  
\$100/Member  
\$300/Family

Mail-Order Deductible  
\$0/Member  
\$0/Family

Out-of-Pocket Maximums  
Each Prescription \$250  
Each Member \$1,400/year  
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail-Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

\* For prescriptions costing more than \$400 for a 90-day supply, call PharmaCare to determine the total out-of-pocket cost.

## GENERAL INFORMATION

### INSTRUCTIONS

No separate enrollment is required.

### WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all State employees. Any member and dependent enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

### PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

### Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 28-30 of this booklet or on the PharmaCare website at [www.pharmacare.com](http://www.pharmacare.com).

Formulary drug listings can also be found at the PharmaCare website.

### Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail-order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at Employee Benefits or at the PharmaCare website.

### PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

### PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact PharmaCare at 1-888-347-5329 to inquire if this may apply to your prescription.

### SPECIALTY PHARMACY

This program provides assistance and resources for members with special needs who take high dollar oral, intravenous, or injectable medications for conditions such as Multiple Sclerosis, Rheumatoid Arthritis, Cancer, and Hepatitis. Call 1-866-856-2093 for more information.

### Note:

The deductible does not apply to prescriptions received from one of the mail order pharmacies!